



Grounded Serpent  
Family Practice

Grounded Serpent Family  
Practice  
1219 Ohio St  
Terre Haute, IN 47807

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John Fouts

Male • Jan 31, 1979 • 47 yrs • 73in (185.40cm) • 225lbs (102.06Kgs)  
323 Sellers Avenue, Sellersburg, IN 47172 • Phone: (502) 956-0052

**Letter of medical necessity**

From: Katelynn Brown, MD NPI: 1846863479 Service date: Feb 18, 2026

DATE: February 18, 2026

TO: Medical Director / Specialty Pharmacy / Infusion Services

RE: Comprehensive Medical Necessity & Treatment Directive

PATIENT: John R. Fouts

Dear Medical Director,

This letter provides formal clinical documentation for the life-preserving treatment plan required for my patient, John Fouts.

The patient presents with a complex neurovascular-immune profile, including confirmed TNFRSF13B (TACI) deficiency\*, CRPS from spine surgery in which there was malpractice on 04.14.2009, CFS/ME, Long Covid (Post Viral Illness Syndrome), multiple autoimmune issues (treatment resistant post Radioactive Graves Disease, Rosacea, Sjogren's Disease), malabsorption resulting in multiple long standing nutritional deficiencies (copper, iron, folate, and phosphorus), inconsistent medication absorption, and Hypermobility Ehlers-Danlos Syndrome (hEDS) among others.

## 1. Stimulant Dosing for Management of Autonomic Instability

Due to severe autonomic dysfunction and the metabolic demands of his comorbid conditions, the patient requires larger-than-standard stimulant dosing.

- Clinical Justification: High-dose stimulant therapy is medically necessary to overcome medication malabsorption, maintain homeostatic balance and manage the profound autonomic instability caused by small fiber polyneuropathy and hEDS.



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Quantity Override: Standard retail dosing caps are clinically insufficient for this patient's unique physiological requirements. I request an immediate Quantity Limit (QL) Override to ensure the patient maintains the specific therapeutic threshold required for autonomic stability.

## 2. Critical Infusion & Replacement Therapy

The following parenteral interventions are mandatory for the stabilization of this genetic immune deficiency:

- IVIG & Mineral Replacement: Scheduled Infusions of IVIG, Copper, and Iron are essential to address primary immunodeficiency and chronic depletion which have failed enteral methods of supplementation.
- Metabolic Cofactors: Including High-dose B-Complex (B1, B2, B3), Molybdenum, Selenium, and trace minerals are required for enzymatic function.
- Adaptive Stabilization Clause: The patient is authorized for NAD<sup>+</sup> and High-Dose Vitamin C infusions to manage acute oxidative stress and mitochondrial dysfunction.

## 3. Intramuscular (IM) Therapy & Enhanced Supply Limits

Frequent IM administration is a permanent component of this metabolic replacement plan. All associated supplies (needles and syringes) are medically necessary. I explicitly direct that these be provided in quantities exceeding standard 30-day insurance limits.

## 4. Mandatory Service Classification

All medications, nursing services, and administration supplies must be processed under the patient's Medical Benefit through a Specialty Pharmacy including Specialty Compounding Pharmacy, to ensure clinical integrity and prevent erroneous retail-level rejections.

## 5. Critical Formal Medical Records Corrections

I am directing an immediate update to the patient's medical records to correct the classification of all parenteral and intramuscular interventions.

Specifically, Thiamine (B1), Riboflavin (B2), Niacin (B3), Copper, Iron, and Molybdenum must be listed exclusively as Medically Necessary Replacement Therapy.



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Any prior or current references to these agents as "dietary supplements" or "wellness products", or anything other than medically necessary, are clinically inaccurate and must be amended immediately.

Due to the patient's genetic inborn error of immunity (TNFRSF13B Deficiency A181E homozygous [c.542C>A] CVID-2), these cofactors are mandatory metabolic requirements for cellular homeostasis and are not elective additions to his care.

Failure or refusal to provide these replacement medically necessary life- preserving therapies and the necessary administration supplies and with insurance coverage, poses an immediate risk of further additional severe physiological and neurovascular sequelae including greatly heightened risk of death.

Sincerely,

Katelynn Brown, MD

*\*homozygous A181E TACI deficiency - a recognized pathogenic Inborn error of Immunity / Primary Immune Deficiency Disorder, Non-Length Dependent Small Fiber Polyneuropathy (SFPN) with associated Dysautonomia as verified by Dr. Alan Pestronk's lab at Washington University via gold standard skin punch biopsy - positive for NLD SFPN, by QSART at both Wash U and Mayo Clinic in Rochester, MN, and additional confirmatory result from thermoregulatory testing.*

Katelynn Brown, MD

02/18/2026

Date